U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Q. M. S	
1. File Number U - 18146	2. Fiscal Year Covered From:
•	7 / 7 / 2009 Through: 72 / 31 / 2009
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name O/GO CUYDUNC	Name HOTE / RESTOUTANT Employee UNITE HERE
:	Labor Organization File Number 506 434
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 8504 Hillview Rd	Street 1003 K ST NW 7th Floor
city Landover &	city Wash.
State MD ZIP Code + 4 20785	State DC ZIP Code + 4 Z00 b/
5. Position in labor organization. OVCIONIZEV	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street Street	7.b. Amount.
City Classic Control of Control o	
State ZIP Code + 4	
Sign	nature .
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the
Signed Olyce C. Young	on 8-12-05 301-336-3377
	Date Telephone Number

Name of Person Filing Olga C. YOUNG		File Number U-
B. Held ar terest in or derived income or economic benefit with monetary values of the stantian and of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization	vise dealing with the business ely seeking to represent, or rectly to, or otherwise	5
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		_
Trade Name, if any:	a. Labor Organiza	tion
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	(Limpley of	
City	,	
State		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar valu	ue of such dealing.
City - Ci	12.a. Nature of interest hel	- CONTROL OF A MARK CONTROL OF
State ZIP Code + 4		
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Land continues and the continues of the	12.b. Amount.	
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City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar valu	e of such dealing.
City	12.a. Nature of interest held	d or income received.
State ZIP Code + 4		
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